NICHQ Vanderbilt Assessment Scale: Parent Informant

Today's Date: 10-17-11

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child

○ **was on medication** ○ **was not on medication** ○ **not sure?**

Symptoms	**Never**	**Occasionally**	**Often**	**Very Often**	
1. Does not pay attention to details or makes careless mistakes with, for example, homework	○	○	○	○	
2. Has difficulty keeping attention to what needs to be done	○	○	○	○	
3. Does not seem to listen when spoken to directly	○	○	○	○	
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	○	○	○	○	
5. Has difficulty organizing tasks and activities	○	○	○	○	
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	○	○	○	○	
7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)	○	○	○	○	
8. Is easily distracted by noises or other stimuli	○	○	○	○	
9. Is forgetful in daily activities	○	○	○	○	For Office Use Only 2 & 3s: 0 /9
10. Fidgets with hands or feet or squirms in seat	○	○	○	○	
11. Leaves seat when remaining seated is expected	○	○	○	○	
12. Runs about or climbs too much when remaining seated is expected	○	○	○	○	
13. Has difficulty playing or beginning quiet play activities	○	○	○	○	
14. Is "on the go" or often acts as if "driven by a motor"	○	○	○	○	
15. Talks too much	○	○	○	○	
16. Blurts out answers before questions have been completed	○	○	○	○	
17. Has difficulty waiting his or her turn	○	○	○	○	
18. Interrupts or intrudes in on others' conversations and/or activities	○	○	○	○	For Office Use Only 2 & 3s: 0 /9

Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Argues with adults	○	○	○	○	
20. Loses temper	○	○	○	○	
21. Actively defies or refuses to go along with adults' requests or rules	○	○	○	○	
22. Deliberately annoys people	○	○	○	○	
23. Blames others for his or her mistakes or misbehaviors	○	○	○	○	
24. Is touchy or easily annoyed by others	○	○	○	○	
25. Is angry or resentful	○	○	○	○	
26. Is spiteful and wants to get even	○	○	○	○	For Office Use Only 2 & 3s: 0 /8
27. Bullies, threatens, or intimidates others	○	○	○	○	
28. Starts physical fights	○	○	○	○	
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	○	○	○	○	
30. Is truant from school (skips school) without permission	○	○	○	○	
31. Is physically cruel to people	○	○	○	○	
32. Has stolen things that have value	○	○	○	○	
33. Deliberately destroys others' property	○	○	○	○	
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	○	○	○	○	
35. Is physically cruel to animals	○	○	○	○	
36. Has deliberately set fires to cause damage	○	○	○	○	
37. Has broken into someone else's home, business, or car	○	○	○	○	
38. Has stayed out at night without permission	○	○	○	○	
39. Has run away from home overnight	○	○	○	○	
40. Has forced someone into sexual activity	○	○	○	○	For Office Use Only 2&3s: 0 /14
41. Is fearful, anxious, or worried	○	○	○	○	
42. Is afraid to try new things for fear of making mistakes	○	○	○	○	
43. Feels worthless or inferior	○	○	○	○	
44. Blames self for problems, feels guilty	○	○	○	○	
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	○	○	○	○	
46. Is sad, unhappy, or depressed	○	○	○	○	
47. Is self-conscious or easily embarrassed	○	○	○	○	For Office Use Only 2 & 3s: 0 /7

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
48. Reading	○	○	○	○	○	
49. Writing	○	○	○	○	○	For Office Use Only 4s: 0 /3
50. Mathematics	○	○	○	○	○	For Office Use Only 5s: 0 /3
51. Relationship with parents	○	○	○	○	○	
52. Relationship with siblings	○	○	○	○	○	
53. Relationship with peers	○	○	○	○	○	For Office Use Only 4s: 0 /4
54. Participation in organized activities (eg, teams)	○	○	○	○	○	For Office Use Only 5s: 0 /4

Other Conditions

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.

   ☐ No tics present. ☐ Yes, they occur nearly every day but go unnoticed by most people. ☐ Yes, noticeable tics occur nearly every day.

2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, or repetition of words or short phrases.

   ☐ No tics present. ☐ Yes, they occur nearly every day but go unnoticed by most people. ☐ Yes, noticeable tics occur nearly every day.

3. If **YES** to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? ☐ No ☐ Yes

Previous Diagnosis and Treatment: To the best of your knowledge, please answer the following questions:

1.	Has your child been diagnosed with a tic disorder or Tourette syndrome?	☐ No	☐ Yes
2.	Is your child on medication for a tic disorder or Tourette syndrome?	☐ No	☐ Yes
3.	Has your child been diagnosed with depression?	☐ No	☐ Yes
4.	Is your child on medication for depression?	☐ No	☐ Yes
5.	Has your child been diagnosed with an anxiety disorder?	☐ No	☐ Yes
6.	Is your child on medication for an anxiety disorder?	☐ No	☐ Yes
7.	Has your child been diagnosed with a learning or language disorder?	☐ No	☐ Yes

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: ___0___

Total number of questions scored 2 or 3 in questions 10–18: ___0___

Total number of questions scored 2 or 3 in questions 19–26: ___0___

Total number of questions scored 2 or 3 in questions 27–40: ___0___

Total number of questions scored 2 or 3 in questions 41–47: ___0___

Total number of questions scored 4 in questions 48–50: ___0___

Total number of questions scored 5 in questions 48–50: ___0___

Total number of questions scored 4 in questions 51–54: ___0___

Total number of questions scored 5 in questions 51–54: ___0___

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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QuIIN Quality Improvement Innovation Network
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NICHQ National Initiative for Children's Healthcare Quality